

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

NOV 4 1936

39840

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis.

(No. 5650 Pershing Ave.

File No.
Registered No. 10909
St. Ward)

2. FULL NAME Cammie K. Lovelace.

(a) Residence, No. 5650 Pershing Ave., St. 5 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas H. Lovelace.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 6 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

13. NAME Unknown Mitchell.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

15. MAIDEN NAME Unknown Cook

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

17. INFORMANT Mrs. George O'Malley,
(ADDRESS) 8433 Midland Heights.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Nov. 2, 1936.

19. UNDERTAKER Arthur J. Donnelly Undt. Co.
(ADDRESS) 3840 Lindell Blvd.

20. FILED OCT 31 1936 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30, 1936.

22. I HEREBY CERTIFY, That, I attended deceased from Oct 27th, 1936, to Oct 30, 1936

I last saw her alive on Oct 30th 3:30, 1936. Death is said to have occurred on the date stated above, at 3:30 AM.

The principal cause of death and related causes of importance were as follows:

nitral Regurgitation.

Other contributory causes of importance

congestive heart failure.

Name of operation Date of
What test confirmed diagnosis? usual. Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify
(Signed) Oscar Adolph Grote, M. D.
(Address) 1225 N. Grand Blvd.

Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

N. B. - CAUSI

RECORD

